

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: VIOLA HOUSE (THE) (0008941)
Address: 509 S WAGONER ST, VIOLA, WI 546648506
License Status: REGULAR
Licensed/Certified/Registered 09/01/2000
Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094800 **End Date:** 04/01/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008188 Served 04/02/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
50.065(6)(b)	CREDENTIALIAED CAREGIVERS		

Survey ID: 0092286 **End Date:** 03/24/2004 **Type:** ABBREVIATED **Purpose:** SURVEY

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10007964 Served 04/07/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(1)(a)3	CLIENT GROUP SPECIFIC TRAINING		
83.41(4)(a)	HEATING		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 04/01/2005 **SOD #**10008188 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT

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